	on: HCFA-PM-91- (B	PD)	SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-
	STATE PLA	N UNDER TITLE XIX OF THE SOCI	AL SECURITY ACT
	State: <u>(</u>	COLORADO	
		INCOME ELIGIBILITY LEVEL	<u>S</u>
Α.	MANDATORY CATEGORICALLY N	EEDY	
1.	AFDC-Related Groups Other	Than Poverty Level Pregnant	Women and Infants:
	Family Size Need St	andard Payment Standard	Maximum Payment Amounts
	See Attachment of AFDC ch	arts	
2.	Pregnant Women and Infant	s under Section 1902(a)(10)(i	)(IV) of the Act:
	Effective April 1, 1990, poverty level	based on the following percen	t of the official Federal income
	$\sqrt{X}$ 133 percent	percent (no more (specify)	than 185 percent)
	Family Size	Income Le	<u>vel</u>
	_1_	<b>\$</b>	_
	2	\$	<del></del>
	3	\$	_
	4	\$	_
	5	\$	-
TN		Approval Date 6/19	Effective Date10/1/91
TN TN	ersedes No. <u>87-14</u>	·	
		- Marie - Mari	HCFA ID: 7985EII

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Rateable Reduction is .8475

STATE: COLORADO

AFDC STANDARDS OF ASSISTANCE CHART Effective January 1, 1988

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

NUMBER OF CARETAKER	NUMBER OF CHILDREN											
RELATIVES		1	2	3	4	5	6	7	8	9	10	Each Add1
No Caretaker Relative												
185% Standard	-	216	453	680	906	1085	1254	1398	1535	1672	1807	123
Need Standard	-	117	245	368	490	587	678	756	830	904	977	67
Grant Standard	-	99	207	311	415	497	574	640	703	766	828	56
One Caretaker Relative			1									
185% Standard	468	612	778	943	1119	1289	1424	1561	1702	1835	1970	123
Need Standard	253	331	421	510	605	697	770	844	920	992	1065	67
Grant Standard	214	280	356	432	512	590	652	715	779	840	902	56
Two Caretaker Relative												
185% Standard	660	812	986	1161	1324	1455	1595	1733	1866	2001	2136	123
Need Standard	357	439	533	628	716	787	861	937	1009	1082	1155	67
Grant Standard	302	372	451	532	606	666	729	794	855	916	978	56

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	COLORADO

## INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY (Continued)
  - 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

(MB)

4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

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TN No. 92-02

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			STATE	PLAN UNDER TITLE XIX	OF THE SOCIAL SI	ECURITY ACT
			State:	COLORADO		
			INCOME	ELIGIBILITY LEVELS	(Continued) NOT	APPLICABLE
В.	OPT	IONAL CATI	EGORICALLY	NEEDY GROUPS WITH I	NCOMES RELATED T	O FEDERAL POVERTY LEVEL
	1.	Pregnant	Women and	<u>Infants</u>		
		and infan	s for det ts under re as fol	the provisions of sec	ibility for optic ctions 1902(a)(1)	onal groups of pregnant women (A)(ii)(IX) and 1902(1)(2) of
		Based on 133 perce	133 pe	rcent of the officia more than 185 percen	l Federal income nt).	poverty level (no less than
			Family	Size	Income Leve	<u>l</u>
			1_	_	\$	-
			2	_	\$	-
			3	<del></del>	\$	-
			4		\$	_
			5	_	\$	-
						•
TN N Supe TN N	rse			Approval Date	6 11 92	Effective Date <u>10/1/91</u>
IN N	U.	87-1	4			

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			STATE	PLAN UNDER 1	TITLE XIX	OF THE SOCIAL S	SECURITY ACT	
		5	State:	COLORADO				_
			INCOME	ELIGIBILITY	LEVELS (	Continued) NO	T APPLICABLE	
В.	OPT I	ONAL CATEGO	RICALLY	NEEDY GROUI	S WITH IN	COMES RELATED	TO FEDERAL POVE	RTY LEVEL
	2.	Children Be	tween A	ges 6 and 8				
		after Septer	mber 30	, 1983 and w	ho have a	ttained 6 years	ups of children s of age but are the Act are as	e under 8 years
		Based on poverty line		percent (no	more tha	n 100 percent)	of the officia	l Federal income
		<u>i</u>	amily	<u>Size</u>		Income Leve	<u>e1</u>	
			1 2 3 4 5 6 7 8 9	   		\$ \$ \$ \$ \$		
			8 9 10	_ _ _ _		\$ \$ \$		
								•
TN N		92-2		Appro	oval Date	6/11/92	Effective [	Date <u>10/1/91</u>
Supe TN N	rsed lo.	es <u>87-14</u>				' 1		
								HCFA ID: 7985EII

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STATE State:	PLAN UNDER TITLE XIX OF THE SOCIAL ( COLORADO	SECURITY ACT
	INCOME ELIGIBILITY LEVELS (Contin	nued)
3. Aged an	nd Disabled Individuals	'
The levels disabled in Act are as	for determining income eligibility adividuals under the provisions of stables:	for groups of aged and ection 1902(m)(%) of the
Based on _	percent of the official Federa	l income poverty line.
Famil	ly Size	Income Level
_1_	_	\$
2	_	\$
3	_	\$
4	_	\$
5	_	\$
If an indiv	vidual receives a title II benefit,	any amount

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

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5	ion: HCFA-PM-91- 1991	(BPD)	SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 6 OMB No.: 0938-
	STATE	PLAN UNDER TITLE XIX	OF THE SOCIAL SECURITY ACT
	State:	COLORADO	
		INCOME ELIGIBILITY	LEVELS (Continued)
С.	QUALIFIED MEDICARE BE	NEFICIARIES WITH INCO	MES RELATED TO FEDERAL POVERTY LEVEL
			ity for groups of qualified Medicare tion 1905(p)(2)(A) of the Act are as follows:
1.	NON-SECTION 1902(f) S	<u>TATES</u>	
a.	Based on the following	g percent of the offi	cial Federal income poverty level:
	Eff. Jan. 1, 1989: 💆		percent (no more than 100)
	Eff. Jan. 1, 1990: 💆		percent (no more than 100)
	Eff. Jan. 1, 1991: 1	00 percent	
	Eff. Jan. 1, 1992: 1	00 percent	
b.	Levels:		
υ.	Family	Siza	Income Levels
	<u> </u>	<u> </u>	t tevers
	2	<del></del>	\$
			•
			. ( [
	ersedes	Approval Date	$\frac{6  n   92}{6  n   92}$ Effective Date $\frac{10/1/91}{6}$
TN			
			HCFA ID: 7985EI

	ion: HCFA-PM-91- 1991	(BPD)	SUPPLEMENT 1 TO Page 7 OMB No.: 0938-	ATTACHMENT 2.6-A	
	STATE	PLAN UNDER TITLE >	(IX OF THE SOCIAL SE	CURITY ACT	
	State:	COLORDAO			
		INCOME ELIGIBILI	ITY LEVELS (Continue	<u>d)</u>	
С.	QUALIFIED MEDICARE BE	NEFICIARIES WITH I	NCOMES RELATED TO FE	DERAL POVERTY LEVEL	
2.	SECTION 1902(f) STATE RESTRICTIVE THAN SSI	S WHICH AS OF JANUA	ARY 1, 198 USED INC	OME STANDARDS MORE	
a.	Based on the followin	g percent of the o	fficial Federal inco	me poverty level:	
	Eff. Jan. 1, 198 <b>9</b> : 🗸		percent (no	more than 100)	
	Eff. Jan. 1, 1990: 💆		percent (no	more than 100)	
	Eff. Jan. 1, 1991: 💆		percent (no	more than 100)	
	Eff. Jan. 1, 1992: 1	00 percent			
b.	Levels:  Family  1 2	<u>Size</u>	Income Levels  \$ \$	•	
TN I Supo TN I	ersedes	Approval Da	te 6/11/92	Effective Date <u>10/1/9</u> HCFA ID: 798	

			OMB No.: 0938	3-
	STATE	PLAN UNDER TITLE	XIX OF THE SOCIAL	SECURITY ACT
	State:	COLORADO	NONE	
). MED	ICALLY NEEDY	INCOME LEVELS (Co	ntinued) NOT APPL	ICABLE
	Applicable to	all groups.	specified levels are	to all groups except those below. Excepted group income also listed on an attached
1 \	(2)	(2)	page 3. (4)	/E)
(1) Family Size	(2) Net income level protected for maintenance for months	(3) Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for months	Column (4) exceeds limits specified in s 42 CFR
	urban only	435.1007 <sup>1</sup> /		435.1007 <sup>1</sup> /
	urban & rural			
	\$	<u> </u>	\$	\$
	\$		<u> </u>	<u> </u>
3	3	*	<del></del>	3
or each	1			
addi-	•			
ional				
person,	•	•	•	•
add:	The agency has met	thods for excludin	g from its claim fo	on EED
payı			whose income excee	
				•
TN No.	92-2	Approval D	late 6 11 92	Effective Date <u>10/1/91</u>
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		STATE	PLAN UNDER TITLE	XIX OF THE SOCIAL S	ECURITY ACT	
		State:	COLORADO	NONE		
			INCOME LE	VELS (Continued)		
D. ME	DIC	CALLY NEEDY				
(1)		(2)	(3)	(4)	(5)	
Family Size	_	Net income level protected for maintenance for months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup> /	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup> /	
_	<del>7</del> ι	ırban & rural				
5		\$	\$	\$	\$	
6		\$	\$	\$	\$	
- /		\$	<u> </u>	\$	<u> </u>	
		\$	\$	\$	\$	
	- 1-	\$	\$	\$	\$	
For ea addi- tional						
person add:	,	•	•	•	•	
<u></u>	yme	he agency has metents made on beha e limits.	thods for excluding lf of individuals	g from its claim fo whose income exceed	r FFP	
					•	
TN No. Supers TN No.	ede	92-2 87-14	Approval D	ate 6/11/92	Effective Date _	
					HCFA	ID: 7985EII